

# ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

County Of Maricopa

} ss

CERTIFICATE NO. -110-

DOCKET NO. EMS 2597

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

## ARROWHEAD MOBILE HEALTHCARE, INC. dba SHOW LOW EMS

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. Service Area: The City of Show Low and the outer geographical boundaries of an area that would be encompassed by the following points: West - State Highway 260 to milepost 323; North - State Highway 77 to milepost 349.5 or point halfway between the City of Show Low and the Town of Taylor; East - U.S. Highway 60 to "Y" intersections of U.S. Highway 60 and State Highway 61; Southeast - State Highway 260 to White Mountain Lake Road or milepost 345.7; South - U.S. Highway 260 to milepost 320. Service area does not include the legal geographical boundaries of the Pinetop Fire District as of February 9, 1989 or the legal geographical boundaries of the Lakeside Fire District as of June 1, 1993.
2. Central Operations Station: Show Low, Arizona.
3. Response Times:
  - a. Ten (10) minutes on seventy-five (75) percent of all ambulance calls.
  - b. Fifteen (15) minutes on ninety (90) percent of all ambulance calls.
  - c. Thirty (30) minutes on one hundred (100) percent of all ambulance calls, except response times may be exceeded on calls outside of the City of Show Low on unimproved roads not maintained to minimum County standards.

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

**RENEWAL**

## CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending February 28, 2005 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I CATHERINE R. EDEN

the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 12/24/01

*Judi Creme*

DIRECTOR

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE